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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/666,878 Application Number TRANSMIT Filing Date September 19, 2003 For FY 2009 First Named Inventor Evan E. Koslow **Examiner Name** Jose A. Fortuna Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1791 TOTAL AMOUNT OF PAYMENT (\$) 810.00 KXIN100027000 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: <u>4-0566</u> Deposit Account Name: DeLio & Peterson LLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 330 Utility 165 540 220 270 110 220 100 140 Design 110 50 70 Plant 220 110 330 170 165 85 330 650 Reissue 165 540 270 325 Provisional 220 110 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 52 26 220 110 Each independent claim over 3 (including Reissues) 390 195 Multiple dependent claims **Multiple Dependent Claims Total Claims Extra Claims** Fee (\$) Fee Paid (\$) Fee Paid (\$) 25/40 - 20 or HP = 52 Fee (\$) 0 HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) **Extra Claims** Indep. Claims Fee (\$) 0____ 3/7 - 3 or HP = 220 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Request For Continued Examination 810.00 SUBMITTED BY Registration No. 47,898 Telephone (203) 787-0595 Signature /Kelly M. Nowak/ (Attorney/Agent) Date November 24, 2008 Name (Print/Type) Kelly M. Nowak

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